

Medicaid Mental Health Fee Schedule

Individuals under 18 Years of Age

July 1, 2012

I. Practitioner Services

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners' bill using standard Current Procedural Terminology (CPT) procedure codes and are reimbursed according to the Department's RBRVS system. Interactive psychotherapy codes are restricted to individuals 12 years of age and younger. The conversion factor for psychologists, social workers, and professional counselors in calculating reimbursement rates can be found at 37.85.212(1)(c)(i).

The proposed RBRVS fee schedule is available at <http://medicaidprovider.hhs.mt.gov/>.

Until October 1, 2012, Youth may receive a combined total of 24 sessions per state fiscal year (July 1 thru June 30), without having a Serious Emotional Disturbance (SED). Additional sessions must be prior authorized, and youth must be SED.

To obtain a description of Children's Mental Health services refer to the current *Children's Mental Health Bureau's Provider Manual and Clinical Guidelines for Utilization Management*.

II. Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid beneficiaries under the Montana Medicaid program's All Patient Refined Diagnosis Related Groups (APR -DRG) reimbursement system. All admissions of Medicaid recipients require prior authorization.

III. Mental Health Center Services (in addition to practitioner services):

The following table summarizes services available through licensed mental health centers.

Service	Procedure	Modifier		Unit	Reimbursement	Copay	Limits	Management
		1	2					
Respite Care – Youth	S5150	HA		15 min	\$2.57	None	Up to 8 hours/24 hours and 16 hours/mo	Retrospective
Youth Day Treatment	H2012	HA		Hour	\$10.46	None	6 hours/day	Retrospective
Community-based psychiatric rehabilitation & support – individual	H2019			15 min.	\$6.49	None	None	Retrospective *
Community-based psychiatric rehabilitation & support – group	H2019	HQ		15 min.	\$1.94	None	None	Retrospective
Comprehensive School and Community Treatment	H0036			15 min.	\$24.62**	None	720 unit/mo per team	Retrospective

* Prior Authorization required when used in day treatment for youth in the PRTF Waiver.

**This rate includes both the federal portion and state general fund match which is adjusted to reimburse the service at the Federal Medical Assistance Percentage (FMAP) and found at <http://medicaidprovider.hhs.mt.gov/providerpages/provider-type/45.shtml#feeschedules>.

IV. Targeted Case Management Services

Targeted case management (TCM) services for youth are available through the Medicaid program when provided by a licensed mental health center with a case management endorsement.

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits	Management
		1	2					
Targeted Case Management – Youth**	T1016	HA		15 min.	\$12.61	None	None	Retrospective

V. Therapeutic Youth Group Home Services

The following table summarizes services available Medicaid beneficiaries from Therapeutic Group Home.

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits	Management
		1	2					
Therapeutic Youth Group Home	S5145			Day	\$180.37	None	None	Prior auth. CON
Therapeutic Youth Group Home Therapeutic home leave	S5145		U5	Day	\$180.37	None	14 days/year	Retrospective
Extraordinary Needs Aide Services	S5145	UD		Hour	\$14.56	None	None	Prior auth.

VI. Therapeutic Family Care and Therapeutic Foster Care Services

This table summarizes the services available to Medicaid beneficiaries through the therapeutic family (foster) care program.

Service	Procedure	Modifier		Unit	Reimbursement	Copoly	Limits	Management
		1	2					
Moderate level Therapeutic Family Care	H2020			Day	\$45.50	None	None	*Prior auth. CON
Moderate level Therapeutic Foster Care	S5145	HR		Day	\$45.50	None	None	*Prior auth.CON
Moderate level Therapeutic Foster Care –Therapeutic home leave	S5145	HR	U5	Day	\$45.50	None	14 days/year	Retrospective
Permanency Therapeutic Foster Care	S5145	HE		Day	\$125.92	None	None	Prior auth.CON

*Effective October 1, 2012, management of these services will be through retrospective reviews.

VII. Partial Hospitalization

Partial hospitalization services are available to Medicaid beneficiaries according to the following schedule:

Service	Procedure	Modifier		Unit	Reimbursement	Copay	Limits	Management
		1	2					
Acute Partial Hospitalization Full day	H0035	U8		Full Day	\$158.75	None	15 days*	Prior auth. CON
Acute Partial Hospitalization Half day	H0035	U7		Half Day	\$119.06	None	15 days*	Prior auth. CON
Sub-acute Partial Hospitalization Full day	H0035	U6		Full Day	\$100.82	None	60 days*	Prior auth. CON
Sub-acute Partial Hospitalization Half day	H0035			Half Day	\$75.62	None	60 days*	Prior auth. CON

* Maximum recommended to utilization review agency; may be extended if medically necessary.

VIII. In-State Psychiatric Residential Treatment Facility (PRTF) Services

This table summarizes PRTF services, available to Medicaid beneficiaries.

Service	Procedure	Unit	Reimbursement	Co-pay	Limits	Management
PRTF	Revenue Code 124	Day	\$303.76*	None	None	Prior auth. CON
PRTF Therapeutic Home Visit	Revenue Code 183	Day	\$303.76*	None	14 days/year	Prior auth if > 72 hours
PRTF Assessment Services	Revenue Code 220	Day	\$349.32*	None	None	Prior auth. CON

* In addition to this rate, a facility –specific ancillary rate is paid. Out of State PRTF Services are reimbursed at 50% of usual and customary.